



**MS Farmers Market Application for Certification
Processed Food Vendors 2015**

Name: _____

County of Operation: _____

Home: (_____)_____ Cell: (_____)_____

Address: _____

Email: _____

Facebook Page: _____

Website Address _____

Please identify all categories to which your products apply by circling the following:

Cottage Food Vendor OR Commercially-Licensed Operation

Confections Jams/Jellies Baked Goods Specialty Foods

Please specify each product you plan to sell for each category marked above (more space provided on back):

- NOTE: Only non-hazardous foods that do not require refrigeration can be sold by Cottage vendors.

Category

Products

ALL VENDORS MUST SUBMIT WITH THIS COMPLETED APPLICATION A LABEL FOR EACH PRODUCT SOLD. In addition, Cottage food vendors' labels must contain the statement and labeling information depicted in Senate Bill #255356

NEW vendors to the MS. Farmers Market must also submit examples of packaging and a product sample.

Will another individual(s) represent you or operate your space in your absence? If yes, please list their name(s) and contact information.

List other vendors with whom you may share stall space (must be other certified vendors).

List all food safety training certifications and applicable permits that you currently hold and include a copy of each with the completed application:

COMMERCIALY-LICENCED OPERATORS MUST SUBMIT A COPY OF ALL PERMITS AND TRAINING DIPLOMAS OR CERTIFICATIONS.

Contact the Mississippi State Department of Health at 601-576-7689 to verify which food safety training certifications and/or applicable food permits are required for the products you intend to sell at the Mississippi Farmers Market

By my signature on this form, I hereby consent to all the terms of this certification and agree to abide by all rules and policies of the State of Mississippi, the Mississippi Department of Agriculture and Commerce, and the MS Farmers Market.

Applicant's Signature

Date

Confirmed and Certified by:

MFM Director

Date